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APPLICANTS

Jeffrey P. Gambino, Westford, VT;
 Jack Mandelman, Flatrock, NC;
 William R. Tonti, Essex Junction, VT;

**** CONTINUING DATA *******

This application is a DIV of 10/345,344 01/15/2003 PAT 6,720,213

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 4	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

ADDRESS

32074

TITLE

LOW K-GATE SPACERS BY FLUORINE IMPLANTATION

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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